#### **Application Data Sheet**

### **Application Information**

Number of copies of CRF::

Application Type::

Subject Matter::

CD-ROM or CD-R?::

Sequence submission?::

Computer Readable Form (CRF)?::

Yes

Title:: 36 Human Secreted Proteins

Attorney Docket Number:: PZ025P1C1D1

Request for Early Publication?::

Request for Non-Publication?::

No
Total Drawing Sheets::

Small Entity?::

No
Petition included?::

No
Secrecy Order in Parent Appl.?::

No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Denmark

Status:: Full Capacity

Given Name:: Henrik

Middle Name:: S.

Family Name:: Olsen

City of Residence:: Gaithersburg

State or Province of Residence:: MD
Country of Residence:: US

Street of mailing address:: 182 Kendrick Place, #24

City of mailing address:: Gaithersburg

State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Steven

Middle Name:: M.

Family Name:: Ruben

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State or Province of Residence:: MD
Country of Residence:: US

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City of mailing address:: Brookeville

State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20833

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Craig
Middle Name:: A.

Family Name:: Rosen

City of Residence:: Laytonsville

State or Province of Residence:: MD
Country of Residence:: US

Street of mailing address:: 22400 Rolling Hill Lane

City of mailing address:: Laytonsville

State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20882

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Laurie

Middle Name:: A.

Family Name:: Brewer
City of Residence:: St. Paul

State or Province of Residence:: MN
Country of Residence:: US

Street of mailing address:: 410 Van Dyke St., Apt. 211

City of mailing address:: St. Paul

State or Province of mailing address:: MN

Postal or Zip Code of mailing address:: 55119

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Reinhard Family Name:: Ebner

City of Residence:: Gaithersburg

State or Province of Residence:: MD
Country of Residence:: US

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City of mailing address:: Gaithersburg

State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: D.

Middle Name:: Roxanne
Family Name:: Duan

City of Residence:: Bethesda

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 317 Tannery Drive

City of mailing address:: Gaithersburg

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kimberly

Middle Name:: A.

Family Name:: Florence
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State or Province of Residence:: MD
Country of Residence:: US

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City of mailing address:: Rockville

State or Province of mailing address:: MD
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**Correspondence Information** 

Correspondence Customer Number:: 22195

Representative Information

Representative Customer Number:: 22195

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/716,129	11/17/00
09/716,129	Continuation of	09/382,572	08/25/99
09/382,572	Continuation-in-part of	PCT/US99/03939	02/24/99
PCT/US99/03939	An application claiming the benefit under 35 USC 119(e)	60/076,053	02/26/98
PCT/US99/03939	An application claiming the benefit under 35 USC 119(e)	60/076,051	02/26/98
PCT/US99/03939	An application claiming the benefit under 35 USC 119(e)	60/076,054	02/26/98
PCT/US99/03939	An application claiming the benefit under 35 USC 119(e)	60/076,052	02/26/98
PCT/US99/03939	An application claiming the benefit under 35 USC 119(e)	60/076,057	02/26/98

## **Assignee Information**

Assignee name::

Human Genome Sciences, Inc.

Street of mailing address::

9410 Key West Avenue

City of mailing address::

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State or Province of mailing address::

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Postal or Zip Code of mailing address::

20850